

Bouncing Forward

From ACEs to Resilience

Heather Peck Dziewulski, LCSW, BCD

Co-founder, The Resilience Network



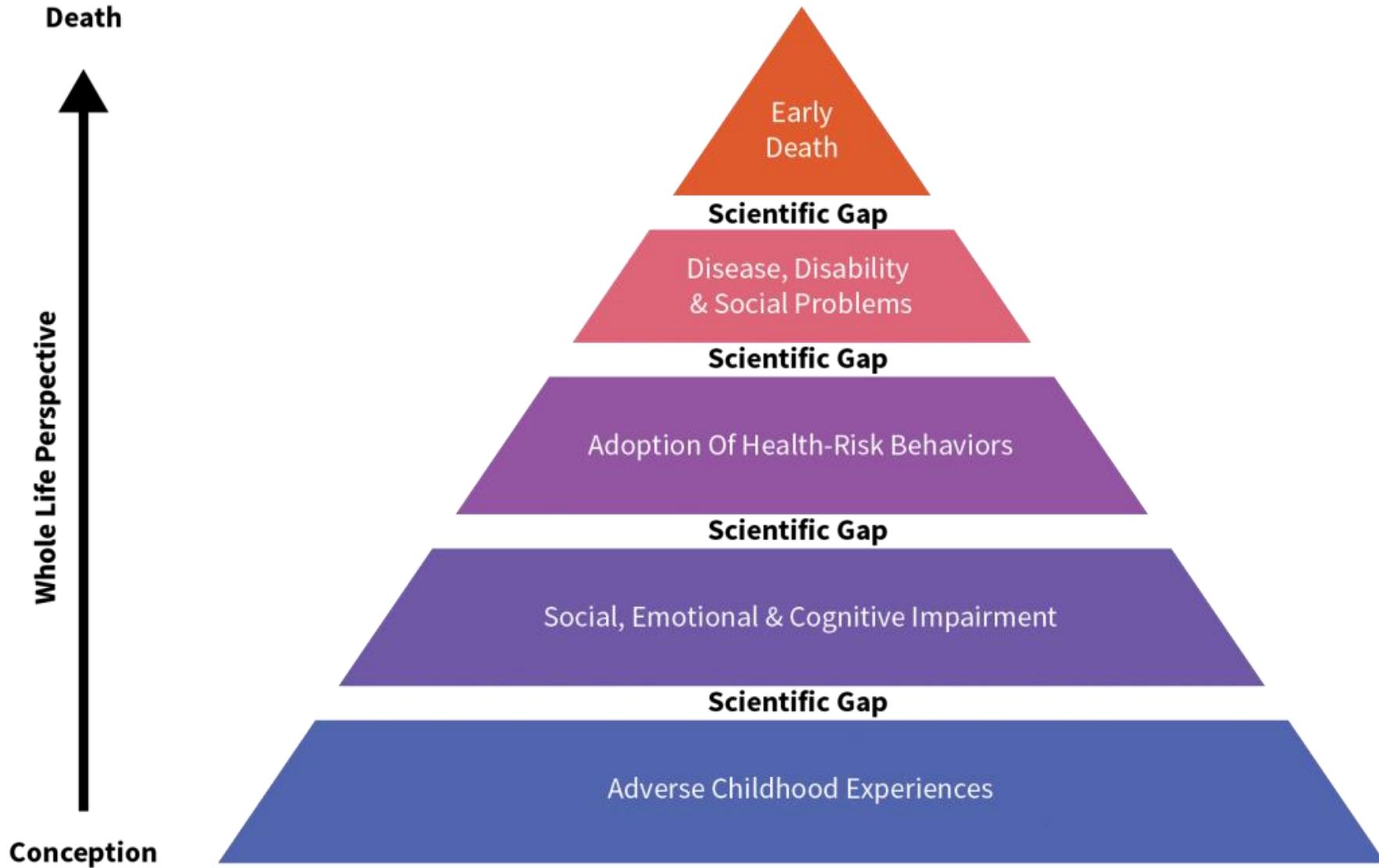
1

The Adverse Childhood Experiences Study



- Conducted from 1995 to 1997 by the CDC & Kaiser-Permanente
- Sample included over 17,000 HMO members from S. California
- Nearly 2/3 of participants reported at least 1 ACE
- More than 20% reported 3+ ACEs
- Study revealed a direct link between ACEs and negative health





How do we
become who we are?

Genetics

Environment

Feelings

Behavior

Experiences



How do we
become who we are?

Genetics

Environment

Feelings

Behavior

Experiences



Development is the ability to successfully interact with the world **with greater and greater degrees of complexity.**



We solve **bigger and then bigger** problems.

Breathing

Crying for what we want

Learning math

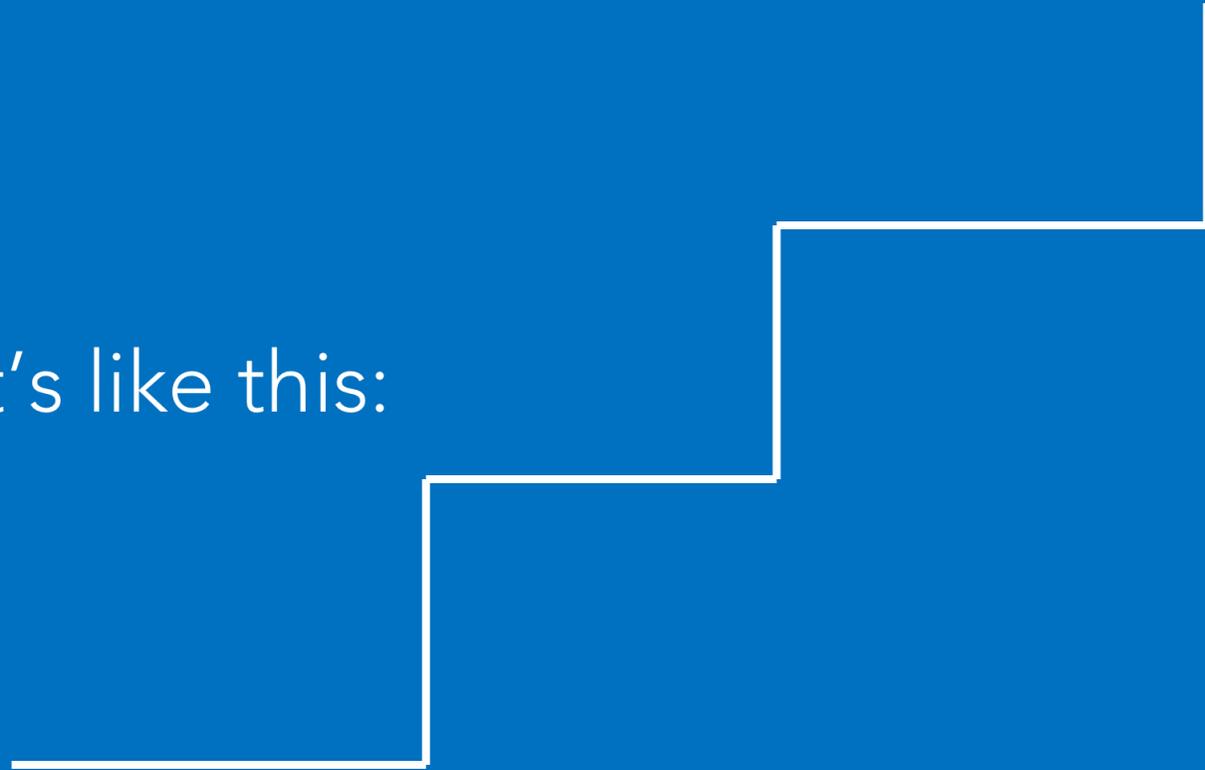
Navigating a college major



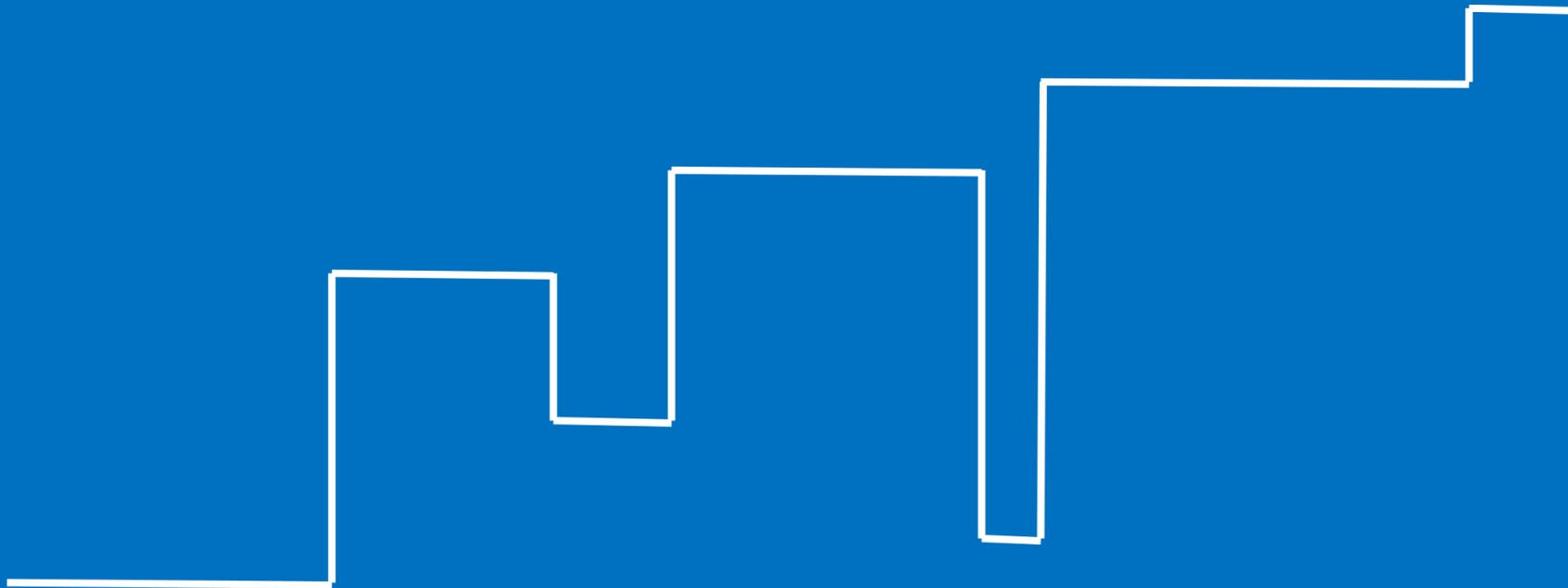
Development is
cumulative & integrated.

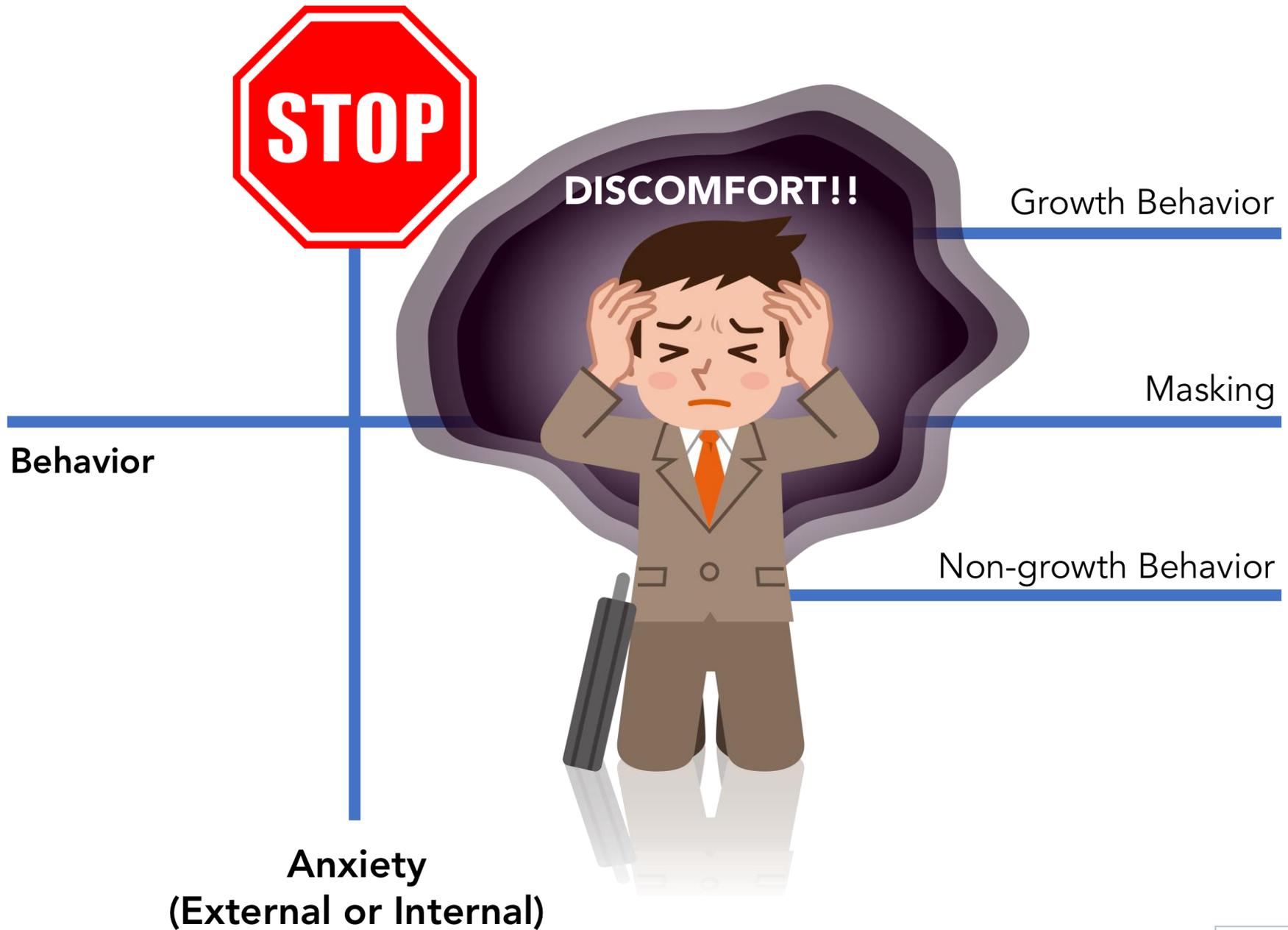


We think it's like this:



But it's really like this:





Anxiety

- **External** = Getting a speeding ticket
- **Internal**= Think about the worst thing you ever did and how you felt after the fact...
- **Too much anxiety**= acting out, masking, overwhelm
- **Too little anxiety**= nothing changes

THIS FEELS HORRIBLE!

Total discomfort

Disintegration

Falling apart

Masking



Three choices:

Growth behavior

Mask the feeling

Non-growth behavior

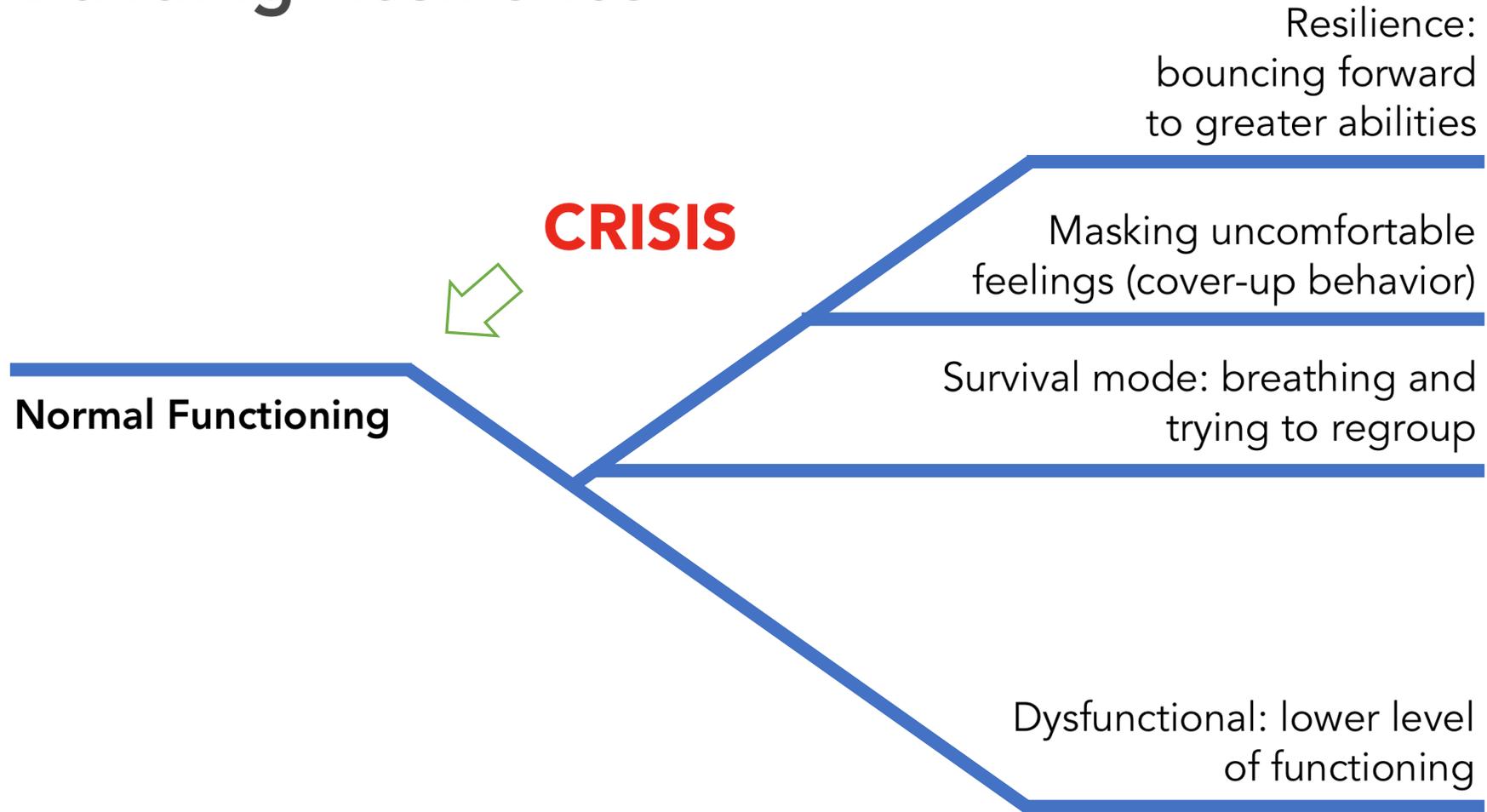


Practice, practice, then practice some more...

1. Decide what you're going to teach
2. Share the game plan with the client/student
3. Clearly identify what changes/adjustments are needed
4. Act it out, role model, practice with client as if in a play
5. Praise efforts to practice and learn
6. Watch carefully and praise even when the client doesn't know you're looking for the new behavior (8x)



Building Resilience



TRAUMA



Development dramatically slows when abuse happens: **physically, emotionally, socially, and intellectually.**



acute

A single event or small series of events that are interrelated, such as a series of medical treatments



complex

Trauma that occurs prior to age 5 and is a result of abuse or neglect by primary caregivers such as physical abuse, sexual abuse, and/or neglect



chronic

Multiple traumas over a significant span of time such as exposure to domestic violence, severe poverty or neglect, and/or abuse



When trauma happens, emotional development **slows or stops completely.**



Trauma impacts:

Attachment

Cognitive development

Behavioral development of coping skills

Affect regulation



With complex & chronic trauma...

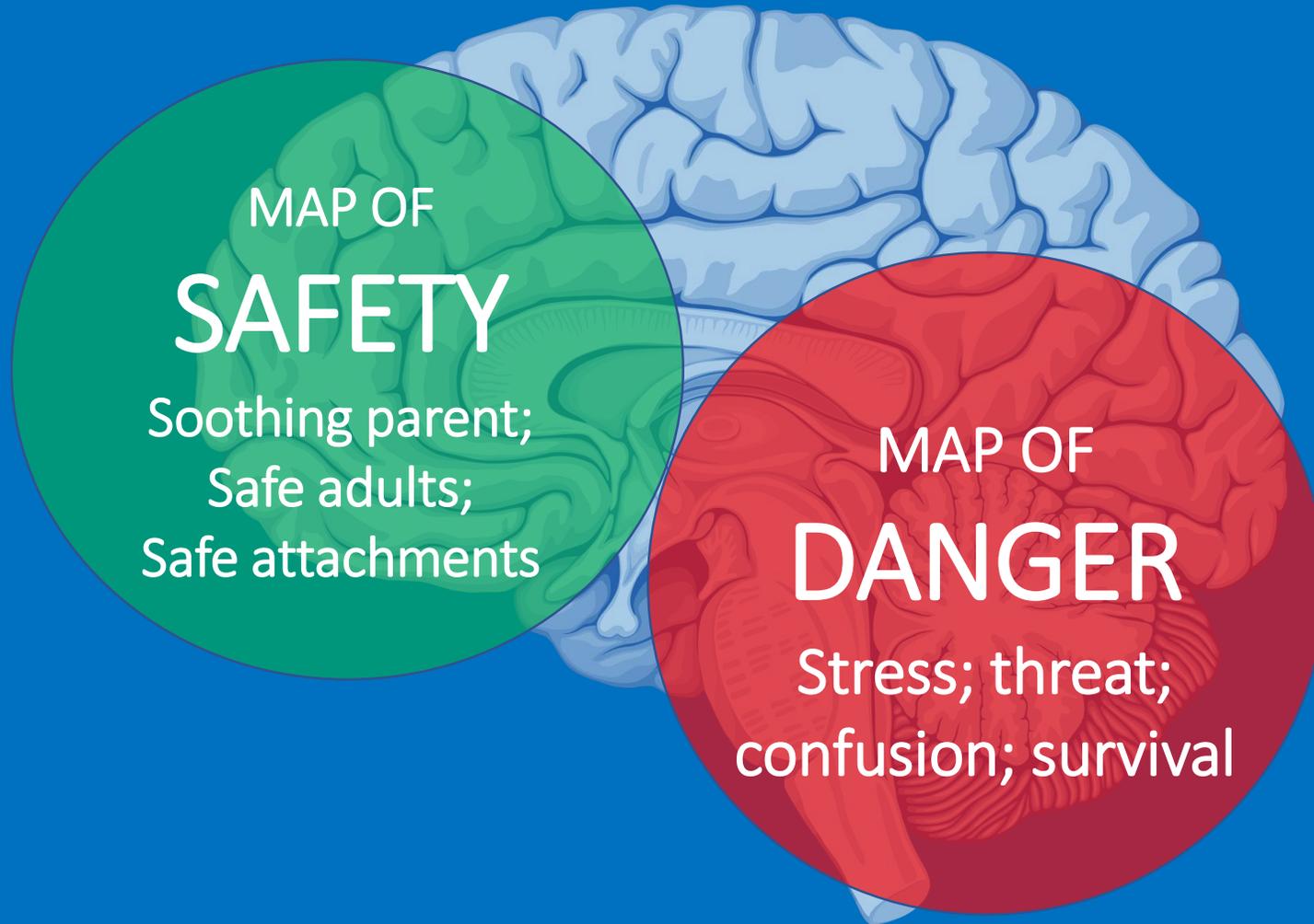
**...the focus is on survival
and learning is secondary.**







The threat circuitry



MAP OF
SAFETY
Soothing parent;
Safe adults;
Safe attachments

MAP OF
DANGER
Stress; threat;
confusion; survival



The threat circuitry

MAP OF
SAFETY

Soothing parent;
safe adults;
safe attachment

MAP OF
DANGER

Stress; threat;
confusion; survival



Trauma derails development.

Exposure to trauma causes the brain to develop in a way that will help the child survive in a dangerous world...

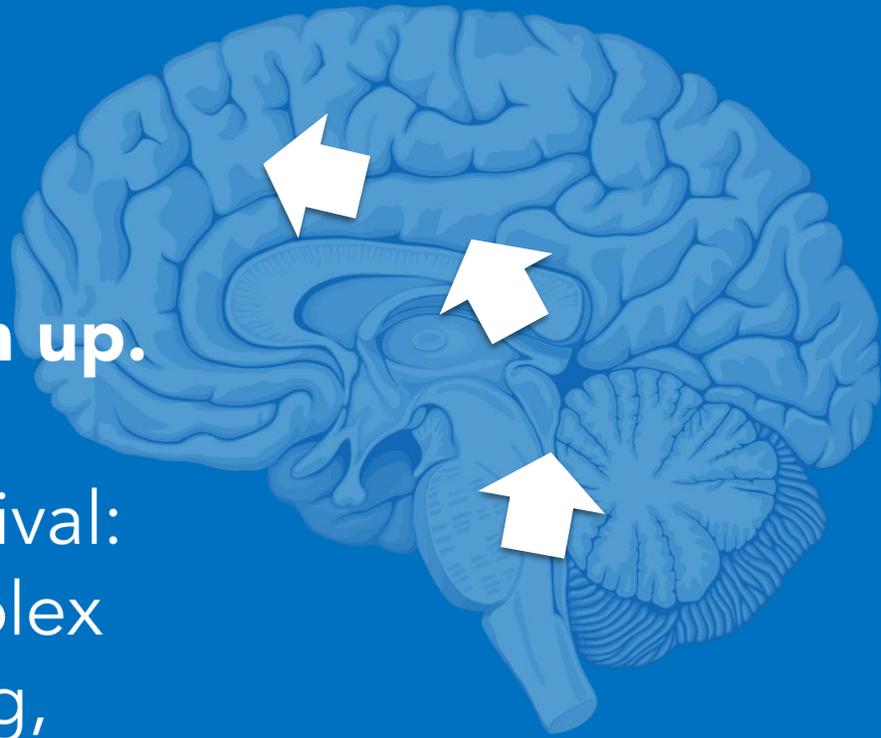
...on constant alert for danger, and quick to react to threats (fight, flight, pause).



Experience grows the brain.

Brain development
happens from the **bottom up**.

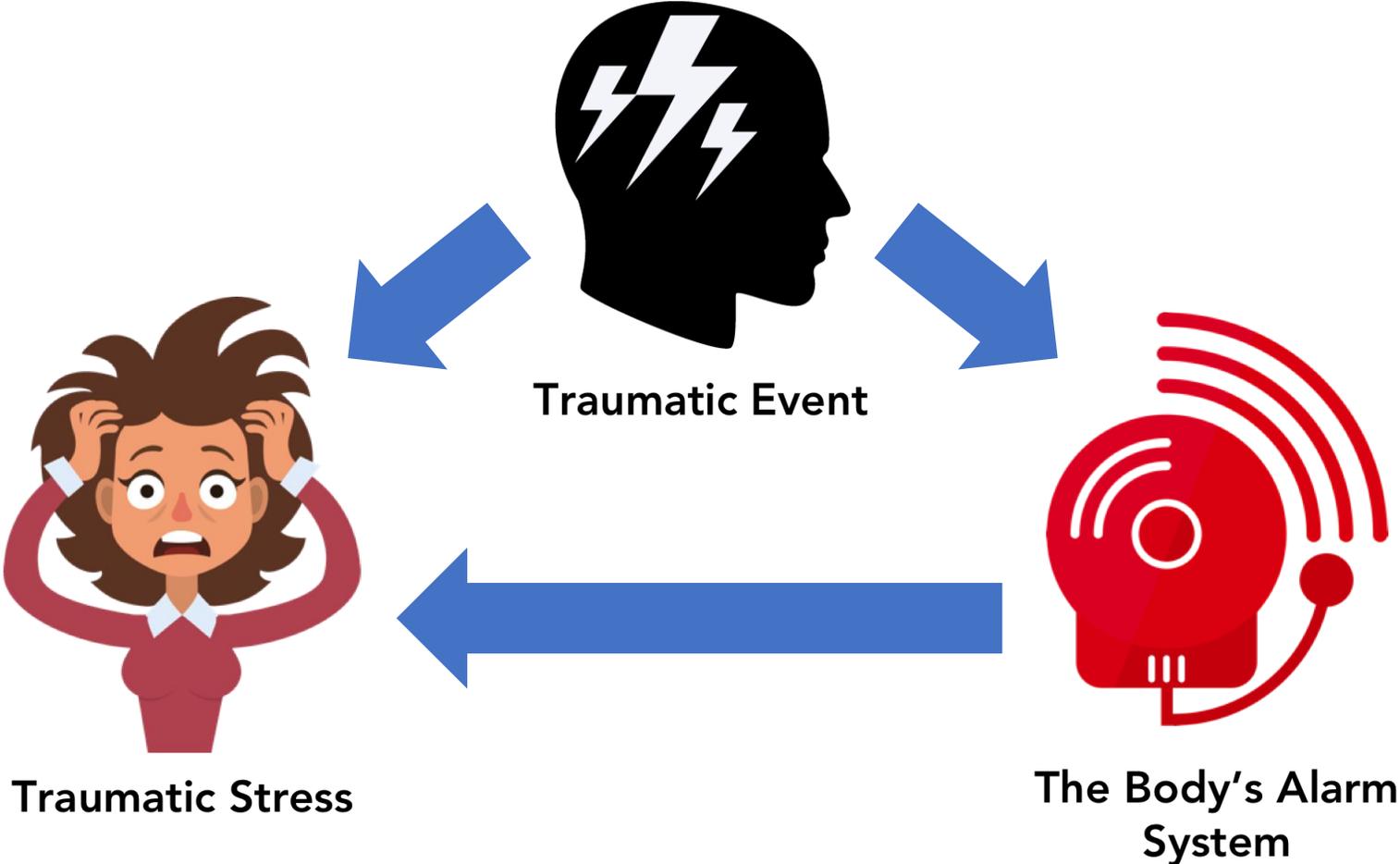
From primitive (basic survival:
brain stem) to more complex
(rational thought, planning,
abstract thinking: prefrontal cortex).



Source: Grillo, C. A., Lott, D. A., & Foster Care Subcommittee of the Child Welfare Committee, National Child Traumatic Stress Network. (2010). Caring for children who have experienced trauma: A workshop for resource parents. Los Angeles, CA and Durham, NC: National Center for Child Traumatic Stress. Retrieved from <http://nctsn.org/products/caring-for-children-who-have-experienced-trauma>



Traumatic Stress Response Cycle



Source: Georgetown University Center for Child & Human Development. (n.d.). *Stress and the developing brain: The stress response*. Retrieved from Center for Early Childhood Mental Health Consultation website: http://www.ecmhc.org/tutorials/trauma/mod2_1.html



SOME WORDS ABOUT

“fight, flight, freeze”

IT'S ACTUALLY

“fight, flight, **pause**”

Pause means to camouflage, freeze
until it's safe to flee



Fixed or unfocused staring

Intermittent periods of eye closure

Rigid or trembling muscles

Sensations of coldness

Numbness or insensitivity to pain



INSTEAD OF

Why did you do this?

ASK

I'm curious.

**What more are you able to
share with me?**



There are **3** tasks in emotional development that create the highest risk teens.

Attachment (0-1)

Ability to follow rules, norms of the culture(3-5)

Self Rewarding Activity(7-11)

NEW INFANT TASK

TRUST



6 – 9 MONTHS

Exploring!!



“Wow! What a place this world is!”



- Developed by Kristine M. Kinniburgh, LICSW & Margaret E. Blaustein, Ph.D.
- Focus is on the core effects of trauma:
 - Attachment
 - Self-regulation
 - Developmental competencies



The Resilience Network goes a step beyond the ARC Model

More of a holistic approach

Incorporates Attachment, Self-regulation, and Developmental Competencies (ARC)

Adds 10 specific resilience competencies from a developmental perspective

Focused on a practical step-by-step approach of assessment and mapping a planned sequence of skill-building within a personality developmental context



Attachment

- Insecure attachment patterns: multiple caregiver disruption, unpredictability and inconsistency in the environment; neglectful attachment
- Dysregulated attachment
- Reactive attachment



Attachment

- Create routines that are structured and predictable (create rituals such as bedtime, prep for school, treatment routines)
- Assist caregiver to be calm, even-tempered, and predictable (unfazed by intense emotions of a child)
- Assist caregiver to respond to affect rather than acting out behaviors of child
- Assist caregiver to be strength-based and provide praise and reinforcement





Practice, practice, then practice some more...

1. Decide what you're going to teach
2. Share the game plan with the client/student
3. Clearly identify what changes/adjustments are needed
4. Act it out, role model, practice with client as if in a play
5. Praise efforts to practice and learn
6. Watch carefully and praise even when the client doesn't know you're looking for the new behavior (8x)





9 – 18 MONTHS

Key task: Finding safety

Child begins to understand he is responsible for his behavior

Fears become more real

Can suddenly become “clingy” emotionally

“Pay attention to me now!”

Creates neediness, making you want to push away (Do it on your own!)

Unruly behavior fluctuates between decisional and impulsive



2 YEARS



CONTROL TO RELATIONSHIP







THE RESILIENCE NETWORK
www.resilience-network.net

Thank you!

Heather Peck Dziewulski LCSW, DCSW, BCD
Heather@resilience-network.net
(703) 840-5419

heather@resilience-network.net

Hope Stonerook, BSW, MBA
hope@resilience-network.net
(703) 840-5459